	Form	99	0		Retu	ırn of Or	ganizatio	n Exer	npt Fi	rom Inco	me Ta	ax	Ī	OMB No. 1545-0047
	Under section 501(c) of the Internal Revenue Code (except black lung											1999		
			trust or private foundation) or section 4947(a)(1) nonexempt charitable						trust		This Form is			
		nent of the Treasury Revenue Service Note: The organization may have to use a copy of this return to satisfy state reporting							require	ements.	Open to Public Inspection			
						year period b				, 1999, and e	and a state of the			
		heck il anga of	Plea	Se C	Name of	organization, I	number and st	eet, city, t	own, slai	le, and ZiP co			-	ntification number
	H ****	ress	labe	or AL	HARA	MAIN 13	SLAMIC E	CONDA	TTON	INC			3108	
	Н	aal retur	i ràh	* h o		WILCOX,	SIDE #10						hone nu 82-81	
	H	al returr anded r	Spec	ific ME	DFORD		7501					Checl		exemption application
	(rec	pired a	iso for "tion	46- I										pending
				- > ⊠ E	xempl un	der section 50	1(c)(3) ◀ (inse	l numbe	r) OR ▶ 📗 se	ction 49	47(a)(1) nonexe	mpt charitable trust
	Note:	Section	on 501(c)(3)	exemp	t organiza	ations and 49	47(a)(1) none							hedule A (Form 990
	H(a)	s this	a group relu	rn filed (or affiliate	s?	• • • • • • • • •	. Yes	X No	i				enter four-digit
	/L3 1	r-va-	* onlar numi	nor of at	Glipton for	which return	ie filod: Ne			J Accounting	•	_		Accrual
	• • •					which return	group ruling?	Yes	No	; –	(specify)		.0311	Acutali
									44				ot file a re	eturn with the IRS;
							hould file a ret							
														al end of year.
	5 ===						es in Net A		Fund	Balances	(See S	pecific	Instruction	ons)
ďa		1			•		ounts received:		السها	176	262			
Ş			-						1a	1/6/	362.			
83 7							• • • • • • • • • • • • • • • • • • • •		1c		_	7		
~ <u>~</u>						•	edule of contri							
3			(cash \$	17	6,362	. noncash \$)				1d		176,362.
•	i	2 Program service revenue including government lees and contracts (from Part VII, line 93) 3 Membership dues and assessments								2				
0										3				
띷										5				
FILMED		5 6a							6a			37.5		
		b							6b			" 声		
	,	С	Net rental in	ome o	r (loss) (s	ubtract line 61	from line 6a)					6¢		
	i	7	Other inves	tment in	come (de	scribe 🟲			,)	7		
Rev	enue	8a	Gross amou		•		(A) Seci	rities		(B) Oth	er	7.5		
		.		•			ļ		8a 8b					
			Cain or dos			le) - REC	F-11 4F-5		8c					
		d	Net gain or	(loss) (c	enidmo:	ne β c; columi	(A) and (A)				. ,	8d		
		9				attach sched		[8]				2.52		
		а	Gross rever		1		1 5 2001 °		1 - 1			1.15		•
			contribution					屋…	9a					
		D	Less: direct	expensi	es other ti	han to the sin	pexpenses ubtract line 9b	from line	9b			9c		
							illowances		110a					
		ь			-				10b			7.7		
		C	•		•		y (attach sched				-	10c		
		11	Other reven	ue (fron	n Part VII,	line 103)	. ,					11		
		12					7, 8d, 9c, 10c					12	-	176,362.
		13	•			, ,) , ,					13		96, 236.
Evn	enses	14	_	-	•		iumn (C))					15		58,020. 200.
Exp	511562	16		•	-	•	· · · · · · · · · · · · · · · · · · ·					16		200.
		17					mn (A))					17		154,456.
		18					17 from line 1					18		21,906.
Net		19					f year (from lin					19		196, 9941.
Ass	ets	20		-			es (attach exp	•				20		210 000
	For P	21					(combine lines te instruction				TF 25459	21	LD 4224	218,900. Form 990 (1999)
			OTK REGUCTI 9 Greatland/Ne				ie mau Denon	э. CA	, 3	SSOIZ N	11 20409	٠	,_U 4424	
														24

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	Province and the second second				pured for section 50 l(c)(3) and	(4) organizations and
	Do not include amounts reported on line 6b. 8b, 9b, 10b. or 16 of Part I.	947(a)(1)		(B) Program services	(C) Management and general	(D) Fundraising
	Grants and allocations (attach schedule) sush\$ 529. cash\$	22	529.			
23	pecific assistance to individuals (attach sch.)	23				
	denefits paid to or for members (attech sch.) .	24				
	Compensation of officers, directors, etc	25				
	Other salaries and wages	26				
	Pension plan contributions,	27	· · · · · · · · · · · · · · · · · · ·			
	Other employee benefits	28				
	ayroll laxes	29				
	rolessional fundraising fees	30				
	ccounting lees	31	E1 020	F0 000	1 020	
<u> </u>	egal fees	32	51,020.	50,000.	1,020.	
	upplies	33	10,964.	5,482.	5,482.	
	elephoneostage and shipping	35	3,108. 17,255.	8,577.	3,108. 8,578.	100
	ostage and shipping	36	11,433,	0,317,	0,310.	100
	quipment rental and maintenance	37	1,877.		1,877.	
	rinting and publications	38	4,075.	3,075.	1,000.	
	ravel	39	4,255.	2,020.	2,235.	
	onferences, conventions, and meetings	40	1,233.	27020.	2,233.	
	nterest	41				
	repreciation, depletion, etc. (attach schedule).	42	4,312.	4,312.		
	Other expenses (itemize): 3	43a	-,	-,		
	See Schedule	43b	57,061.	22,241.	34,720.	100.
c ¯		43c			, , , , , , , , , , , , , , , , , , , ,	
ď		43d				
_		43e				
		700				
44 7	otal functional expenses lade lines 22 through 3) Organizations completing columns 3)-(D), carry these totals to lines 13-15	44	154,456.			200.
44 i	ing of Joint Costs. Did you report in column	44 (B) (P	rogram services) any joi	nt costs from a combine	d educational	_
44 1 (Report	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	44 (B) (P	rogram services) any joi	nt costs from a combine	d educational	_
44 7 Report campa	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	44 (B) (P	rogram services) any joi	nt costs from a combine ; (II) amt. allocated	d educational	_
Report campa	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	44 (B) (P	rogram services) any joi \$ \$	nt costs from a combine ; (II) amt. allocated ; and (iv) amt. allo	d educational	_
Report campa	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	(B) (P costs	rogram services) any joi\$\$ omplishments (Se	nt costs from a combine ; (II) amt. allocated ; and (iv) amt. allo e Specific Instructions)	d educational lo Prog. services . \$ caled to Fundraising\$	▶ ☐ Yes 🖾 No
Report campa if Yes, (iii) the	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	44 (B) (P) costs at Acc To	rogram services) any joi \$ \$ omplishments (Se	nt costs from a combine ; (ii) amt. allocated ; and (iv) amt. allo a Specific Instructions) mbers spiri	d educational to Prog. services . \$ called to Fundraising\$ tual life	▶ Yes No No Program Service
Report campa If Yes, (III) the What is All organserved.	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	(B) (P) costs of Acc	rogram services) any joi \$ \$ omplishments (Se help the me vements in a clear and c are not measurable. (Se	it costs from a combine ; (ii) amt. allocated ; and (iv) amt. allo se Specific Instructions) mbers spiri concise manner. State the	d educational lo Prog. services .\$ cated to Fundraising\$ tual life e number of clients	Program Service Expenses (Required for 50 Nc(3)) and (4) orgs and 4947(a) 11 trusts, but optional
Report campaid Yes, (III) the Table What is All organserved, 4947(a	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	(B) (P) costs at Acc achie achie at the :	rogram services) any joi \$ omplishments (Se help the me vements in a clear and clare not measurable. (Se amount of grants and all	; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and iv) ambers spiri concise manner. State the action 501(c)(3) and (4) and (4) ocations to others.)	d educational to Prog. services . \$ caled to Fundraising\$ tual life a number of clients organizations and	Program Service Expenses (Required for 501(c(3)) and (4) orgs and 4947(a) 1;
Report campaid Yes, (III) the What is All organserved, 4947(a. The Control of the	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	(B) (P) costs at Acc To achie at that er the itvi	rogram services) any joi \$ omplishments (Se help the me vernents in a clear and of are not measurable. (So amount of grants and all ty is the pu	; (ii) amt. allocated; and (iv) ambers spiri concise manner. State the action 501(c)(3) and (4) ocations to others.)	d educational to Prog. services .\$ cated to Fundraising\$ tual life e number of clients organizations and Islamic	Program Service Expenses (Required for 50 Nc(3)) and (4) orgs and 4947(a) 11 trusts, but optional
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Report campai if Yes, (iii) the What is All orga served, 4947(a) 1 bc di th	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	(B) (P) costs sal According to According	rogram services) any joi \$ complishments (Se help the me werents in a clear and compount of grants and all ty is the pure to those whime is (Grants and Ashland, O	; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated specific Instructions; mbers' spirited specific Spirited specific Spirited specific Spirited spir	d educational Ito Prog. services \$ cated to Fundraising\$ tual life e number of clients organizations and Islamic ee	Program Service Expenses (Required for 501(c/3) and (4) orgs and 4947(a) 11 trusts, but optional for others.)
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Report campail Yes, (III) the What is All organiserved. 4947(a) the definition of th	ing of Joint Costs. Did you report in column gn and fundraising solicitation?. The enter (i) the aggregate amount of these joint amount allocated to Management and general Statement of Program Services the organization's primary exempt purpose? Inizations must describe their exempt purpose publications issued, etc. Discuss achievement (1) nonexempt charitable trusts must also entire most significant act tooks that deal with spirit stribution of these bottoms and 90% of the voluntee woted to this activity. Prayer house is located expublic and meetings manitarian aid: The formal stribution of the second control of the second contr	(B) (P) costs sal Acc To achier the strict oks rit. dinament	rogram services) any joi \$ \$ omplishments (Se help the me wements in a clear and care not measurable. (Se amount of grants and all ty is the pure ual issues. to those whime is (Grants and Ashland, Oheld weekly (Grants and Ashland, Oheld weekly	i (ii) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. allocated see Specific Instructions) mbers spiri concise manner. State the action 501(c)(3) and (4) docations to others.) blication of There is from request the dallocations \$ d allocations \$ regon. It i	d educational No Prog. services .\$ caled to Fundraising\$ tual life e number of clients organizations and Islamic ee em. More) s open to	Program Service Expenses (Recurrentor 501(c(3)) and (4) orgs and 4947(a)(1) trusts, but optional for others) 87,258
Report Campaigners (iii) the What is What is Served. 4947(a) the definition of the d	ing of Joint Costs. Did you report in column gn and fundraising solicitation?	(B) (P) costs sal Acc To achier the strict oks rit. dinament	rogram services) any joi \$ \$ omplishments (Se help the me wements in a clear and care not measurable. (Se amount of grants and all ty is the pure ual issues. to those whime is (Grants and Ashland, Oheld weekly (Grants and Ashland, Oheld weekly	it costs from a combine ; (ii) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. allocated is and (iv) amt. allocated set of the specific Instructions of the section 501(c)(3) and (4) and (4	d educational No Prog. services .\$ caled to Fundraising\$ tual life e number of clients organizations and Islamic ee em. More) s open to	Program Service Expenses (Recurrentor 501(c(3)) and (4) orgs and 4947(a)(1) trusts, but optional for others) 87,258
Report Campaigners (iii) the What is What is Served. 4947(a) the definition of the d	ing of Joint Costs. Did you report in column gn and fundraising solicitation?. The enter (i) the aggregate amount of these joint amount allocated to Management and general Statement of Program Services the organization's primary exempt purpose? Inizations must describe their exempt purpose publications issued, etc. Discuss achievement (1) nonexempt charitable trusts must also entire most significant act tooks that deal with spirit stribution of these bottoms and 90% of the voluntee woted to this activity. Prayer house is located expublic and meetings manitarian aid: The formal stribution of the second control of the second contr	(B) (P) costs sal Acc To achier the strict oks rit. dinament	omplishments (Se help the me vernents in a clear and of are not measurable. (So amount of grants and all ty is the put ual issues. to those whime is (Grants and n Ashland, O held weekly (Grants and dation recei	; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. alloce specific Instructions) mbers spiri concise manner. State the action 501(c)(3) and (4) cocations to others.) blication of There is from request the dallocations \$ allocations \$ allocatio	d educational lo Prog. services .\$ cated to Fundraising\$ tual life e number of clients organizations and Islamic ee em. More) s open to for aid	Program Service Expenses (Required for 501(c/3) and (4) orgs and 4947(a), 11 frusts, but optional for others.) 87, 258.
Report Campa If Yes, (III) the What is What is All orga served, 4947(a Th bc di th c A th ar	ing of Joint Costs. Did you report in column on and fundraising solicitation?	(B) (P) costs sal Acc To achier the strict oks rit. dinament	rogram services) any joi \$; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. alloce specific Instructions) mbers spiri. concise manner. State the action 501(c)(3) and (4) cocations to others.) blication of There is from request the dallocations \$ dallocations \$ regon. It indications \$ ves requests dallocations \$	d educational No Prog. services .\$ caled to Fundraising\$ tual life e number of clients organizations and Islamic ee em. More) s open to	Program Service Expenses (Required for 501(c/3) and (4) orgs and 4947(a)) frusts, but optional for others.) 87,258.
Report campa if Yes, i	ing of Joint Costs. Did you report in column gn and fundraising solicitation?. The enter (i) the aggregate amount of these joint amount allocated to Management and general Statement of Program Services the organization's primary exempt purpose? Inizations must describe their exempt purpose publications issued, etc. Discuss achievement (1) nonexempt charitable trusts must also entire most significant act tooks that deal with spirit stribution of these bottoms and 90% of the voluntee woted to this activity. Prayer house is located expublic and meetings manitarian aid: The formal stribution of the second control of the second contr	44 (B) (P) Acc Acc To achie is that riti oks r t. d il are	rogram services) any joi \$; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. alloce specific Instructions) mbers spiri concise manner. State the action 501(c)(3) and (4) accasions to others.) blication of There is from request the dallocations spirit in the dallocation in the dallocation spirit in the dallocation in t	d educational lo Prog. services .\$ cated to Fundraising\$ tual life e number of clients organizations and Islamic ee em. More) s open to for aid	Program Service Expenses [Required for 50 1(c(3)) and (4) orgs and 4947(a)(1) trusts, but optional

' Form	990 (19	999)				Page 3
	<u>;; </u>	Balance Sheets (See Specific Instructions.)				
No		here required, attached schedules and amounts wi plumn should be for end-of-year amounts only.	thin the description	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing		11,994.	45	3,111.
	46	Savings and temporary cash investments			46	
	{			13.72		
	47a	Accounts receivable	17a			
	b	Less: allowance for doubtful accounts	17b		47c	
	l	. []	数性的 自己是一个		- 7-440 - 7-5-5	
	48a	Pledges receivable	18a		- 4	
	b	Less: allowance for doubtful accounts	18b		48c	
	49	Grants receivable,			49	
	50	Receivables from officers, directors, trustees, and	key employees	. •		
		(attach schedule)			50	
	51a	Other notes and loans receivable (attach			i ilsac	
		schedule)				
Assets	b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments — securities (attach schedule)			54	
	55a	Investments — land, buildings, and			新	
		equipment basis	55a		-	
	b	Less: accumulated depreciation (attach	1		-	
		schedule)	55b		55c	
	56	Investments other (attach schedule)			56	
			7a 220,101.			
	þ	Less: accumulated depreciation (attach				
	58	schedule)	57b 4,312.	185,000.		215,789.
	30	assets (describe)		58	
	FA		100 004		030 000	
	59	Total assets (add lines 45 through 58) (must equa		196,994.		218,900.
	60	Accounts payable and accrued expenses	<u>}~~</u>		60	
	61 62	Grants payable	}-		61 62	
i	62 63	Deferred revenue	·	1 . 7 .		
	63	Loans from officers, directors, trustees, and key en		63		
labilitles	GAS	schedule)			64a	
		Mortgages and other notes payable (attach schedu	F		64b	
	65	Olber	. Г	· · · · · · · · · · · · · · · · · · ·	65	
1		habilities (describe	, }-			
	66	Total liabilities (add lines 60 through 65)			66	
	-	nizations that follow SFAS 117, check here			5 to 1.2	
	0,82	through 69 and lines 73 and 74.	L divid complete imics of			-
•	67	Unrestricted			67	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
		nizations that do not follow SFAS 117, check her		-	· · · · · · · · · · · · · · · · · · ·	
let Assets		lines 70 through 74.				
r Fund	70	Capital stock, trust principal, or current funds	<u> </u>	196,994.	70	218,900.
alances	71	Paid-in or capital surplus, or land, building, and ed	· · · · · · · · · · · · · · · · · · ·		71	
Ì	72	Retained earnings, endowment, accumulated incor	` `		72	
	73	Total net assets or fund balances (add lines 67 ti		72.3		

Total liabilities and net assets / fund balances (add lines 66 and 73) Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

196,994.

through 72; column (A) must equal line 19 and column (B) must equal

9 99034 CAA NTF 25461 GLD 4225

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218,900.

Form 990 (1999)				Page 4
Reconciliation of R	evenue per Audited	Recor	ciliation of Expen	ses per Audited
	ts with Revenue per	Finan	cial Statements wi	th Expenses per
Return (See Specific In:	structions.)	Retur		
a Total revenue, gains, and other support		a Total expenses and	losses per audited	· . · · · · ·
per audited financial statements		· ·		a
b Amounts included on line a but not on		b Amounts included o		"我是是"你",不是不得
	- 25	on line 17, Form 990		
line 12, Form 990:			<i>)</i> .	
(1) Net unrealized gains	A silican at the same of the s	(1) Donaled services		
on investments \$	_ 接线	& use of facilities	\$	
(2) Donated services	1.6	(2) Prior year adjust-		
& use of facilities . \$		ments reported on		4 3 2 . · · ·
(3) Recoveries of prior	1	line 20, Form 990	\$	
year grants \$		(3) Losses reported on		
(4) Other (specify):	THE PARTY OF THE P	line 20, Form 990	\$.	
(4) Outer (specify).	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	(4) Other (specify):		
		(4) Other (specify).		[,
<u> </u>			_	
Add amounts on lines (1) through (4)	▶ b		\$	المنتسب فنتقابا
		Add amounts on line	es (1) through (4)▶	b
C Line a minus line b	▶ <u>C</u>	C Line a minus line b.		c
d Amounts included on line 12,	上	d Amounts included o	n line 17,	"是是"。
Form 990 but not on line a:		Form 990 but not or	i line a:	1 SE . 2 ST
(1) Investment expenses		(1) Investment expense	5	
	克克里安克 克克	not included on	•	ting the second second
not included on	444		•	
line 6b, Form 990 \$		•	\$	विक्रिके के विक्रा
(2) Other (specify):		(2) Other (specify):		
	一样的 "我们就是我们			医
\$			\$	الادرائيل الدرانيان
Add amounts on lines (1) and (2)	▶ d	Add amounts on line	es (1) and (2) ▶	d
9 Total revenue per line 12, Form 990		Total expenses per	line 17, Form 990	
(line c plus line d)	▶ e	(line c plus line d)		e
List of Officers, Directo				saled; see Specific
Instructions.)	(D) Title and average	(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address	(B) Title and average hours per week	(if not paid,	employee benefit plans	account and other
	devoted to position	enter -0)	& deferred comp.	allowances
Ageel Al-Ageel	President			
1257 Siskiyou Blv 212	5	0.	0.	0.
Mansuor Al-Kadi	Vice president			
1257 Siskiyou Blv 212	5	0.	٥.	0.
Soliman HS Al-Buthe	Treasurer			
1257 Siskiyou Blv 212	10	0.	0.	0.
Perouz Seda Ghaty	Secretary			
1257 Siskiyou Blv 224	20	0.	0.	0.
	1	ı		
	İ			
The state of the s				<u> </u>
			ļ	<u> </u>
	`			
75 Did any officer display touries as tou	Amplying receive ecorocate	COMpanyation of more th	on \$100 000 from	1
75 Did any officer, director, trustee, or key organization and all related organization				. ▶ Yes 🕅 No
-		TO THE PROPERTY OF THE P.	one of a gaine abolist.,,	Lies Wild
If "Yes," attach schedule see Specif	IIC ITISB OCUONS.			
				AAA
CAA 9 99034 NTF 25462 GLD 4	225			Form 990 (1999)
	e Only			

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Form	990 (1999)		P	age 5		
	Other Information (See Specific Instructions.)		Yes	No		
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X		
	If "Yes," attach a conformed copy of the changes.					
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X		
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X		
	la is the organization related (other than by association with a statewide or nationwide organization) through common					
000	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X,		
h	If "Yes," enter the name of the organization ▶	000	<u></u>	k,		
5	and check whether it is exempt OR nonexempt.	,		}		
813	Enter the amount of political expenditures, direct or indirect, as described in the		• -	· 1		
Gia	instructions for line 81]		
٠ ۴	Did the organization file Form 1120-POL for this year?	81b	1	لتنتنا		
		010	<u> </u>	^		
QZA	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	000		.,		
6	substantially less than fair rental value?	82a	ــــ	<u>, , , , , , , , , , , , , , , , , , , </u>		
D	If "Yes," you may indicate the value of these items here. Do not include this amount	ŀ	-	. : -		
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in	[· ·	:	- : .		
	Part III.)		<u>, </u>	لتحاز		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a				
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X			
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	L	X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not					
	tax deductible?	84b		Ĺ		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a				
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		<u> </u>		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	- 	نينتنج	<u></u> 4		
	waiver for proxy tax owed for the prior year,		ئىلىنىيىنىيىنىيىنىيىنىيىنىيىنىيىنىيىنىيىن			
C	Dues, assessments, and similar amounts from members					
đ	Section 162(e) lobbying and political expenditures		٠. ق	<u></u>		
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	يتنب	-			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		1			
g	Does the organization elect to pay the section 6033(a) tax on the amount in 85f7	85g				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable					
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h				
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12					
b	Gross recelpts, included on line 12, for public use of club facilities	j.		ī		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	. ; -	کمانی	(C)		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	,				
	against amounts due or received from them.)			5 <u>5</u> 5		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or					
	partnership, or an entity disregarded as separate from the organization under Regulations sections		i	İ		
	301,7701–2 and 301,7701–3? If "Yes," complete Part IX	88	Í ,	X		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		.7			
•••	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .	•		; * 1		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		لنيب			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach					
	a statement explaining each transaction.	89b		x		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under					
•	sections 4912, 4955, and 4958.			0.		
ч	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.		
	List the states with which a copy of this return is filed > Oregon	 .				
	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)	271				
91	The books are in care of Pete Seda Telephone no. \$\int 541 482 - 8	3/1				
na	Located at > 1257 Siskiyou Blv 224, Ashland OR ZIP+4> 97520					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here		•	. ▶ ∐		
	and enter the amount of tax–exempt interest received or accrued during the tax year ▶ 92					
CAA	9 99056 NTF 25463 GLD 2877	Form 9	190 (1999)		

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Case 1:03-md-01570-GBD-SN Document 2655-18 Filed 01/14/13 Page 7 of 16 Form:990 (1999) N/A Analysis of Income-Producing Activities (See Specific Instructions.) Excluded by section 512, 513, or 514 Unrelated business income Enter gross amounts unless otherwise (E) (A) Business Related or exempt indicated. (B) (C) (D) function income Amount Exclusion code Amount 93 Program service revenue: code b C d e f Medicare/Medicaid payments GFees and contracts from govt agencies . . . Membership dues and assessments . . Interest on savings and temporary cash investments. 96 Dividends and interest from securities. .. 97 Het rental income or (loss) from real estate debt-financed property..... Dnot debt-tinanced property Nel rental income or (loss) from personal Other investment income 100 101 Net income or (loss) from special events... 102 Gross profit/(loss) from sales of inventory . 103 Other revenue: a C Ч 104 Sublotal (add columns (B), (D) and (E)) . . Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VtI contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions.) (A)
Name, address, and EIN of corporation,
partnership, or disregarded entity (B) Percentage of (D) Total income ownership int. assets N/A % % % in, including accompanying schedules and statements, and to the best of my knowledge and arithan officer) is based on all information of which preparer has any knowledge, important Pete Seda フィルータ Secretary Date Type or print name and title.

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SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

1999

OMB No. 1545-0047

Department of the Treasury Internal Revadue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization AL HARAMAIN ISLAMIC FOUNDATI	ON INC		Employer Identific 93-1231083	ation number
Compensation of the Five Higher (See the instructions, List each one. If ther	est Paid Employees Oth	er Than Office		d Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to simpl, benefit plans & deferred compensation	(a) Expense account and other allowances
None				
				· · ·
,				
Total number of other employees paid over				
Compensation of the Five Higher (See the instructions. List each one (whether the contract of the contract of the Five Higher)	est Paid Independent Coner individuals or firms). If there	ontractors for P	rofessional Ser	vices
(a) Name and address of each independent contract	tor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
			·	
Total number of others receiving over \$50,000 for professional services				

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

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9 990A12 NTF 25465 GLD 3274 Schedule A (Form 990) 1999

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Sche	edule A (Form 990) 1999		Page :
	Statements About Activities		Yes No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1	X
2	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its		
	trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
а	Sale, exchange, or leasing of property?	2a	Х
b	Lending of money or other extension of credit?	2b	X
С	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
е	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
	Does the organization make grants for scholarships, fellowships, student loans, etc.?. Do you have a section 403(b) annuity plan for your employees?	3 4a	X
1	from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		
5 6 7 8 9	organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's n and state ▶	ame, c	aity,
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 (Also complete the Support Schedule in Part IV-A.)	'0(b)(1)	(A)(iv)
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general pub Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	lic.	
11b 12 13	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and greceipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33 support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization.	1/3% c	by the
	described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the lest of section 509(a)(2) (section 509(a)(3).)		
	Provide the following information about the supported organizations. (See instructions.)		
	(a) Name(s) of supported organization(s)		m above
CAA	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.) 9 990A12 NTF 25455 GLD 3274 Schedule	A (Form	n 990) 199
CODY	ight 1999 Greatland/Nelco LP - Forms Software Only		

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Sch	edule A (Form 990) 1999							Page 3
	Support Schedu							
	Note: You may use t							
Caler 15	ndar year (or fiscal year beginning in) Gifts, grants, and contributions	(a) 199	38	(b) 1997	(c) 1996	(d) 1995	-	(e) Total
15	received. (Do not include unusual grants. See line 28.)							
16	Membership leas received							
17	Gross receipts from admissions, merchandles sold or services performed, or furnishing of facilities in any solivity that is not a business unrelated to the organization's charitable, etc., purpose.							
18	Grass income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalhes, and unrelated business hazable income tless section 511 taxes) from businesses accoured by the organization after June 30, 1975							
19	Net income from unrelated business activities not included in line 18	,			-			
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				·			
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets							
23	Total of lines 15 through 22,							
24	Line 23 minus line 17							
25 26	Enter 1% of line 23		 				7	
	Attach a list (which is not open person (other than a governmenthrough 1998 exceeded the am Total support for section 509(a)	ntal unit or pi ount shown i	ublicly suppor in line 26a. En r line 24, colu	ted organization) ter the sum of al	whose total gifts for these excess amou	1995 ints ▶	26b	
d	Add: Amounts from column (e)	for lines:	18		19			
_	.		22		26b	·. ﴾	26d	
_	Public support (line 26c minus I						26e	
27	Public support percentage (lin Organizations described on li attach a list to show the name of for each year:	ne 12:	a For amou	ints included in li	nes 15, 16, and 17 t	hat were received		tisqualified person." of such amounts
	(1998)	(1997)		(199	96)	(1995)		
b	For any amount included in line for each year, that was more the in lines 5 through 11, as well as (1) or (2), enter the sum of these	17 that was an the larger individuals.) e differences	received from of (1) the am After computi (the excess a	a nondisqualifie ount on line 25 fo ng the difference mounts) for each	d person, altach a li or the year or (2) \$5, between the amou year:	st to show the nam 000. (Include in th nt received and th	e list orga e larger a	anizations described
	(1998)	- ⁽¹⁹⁹⁷⁾ –			96)			
C	Add: Amounts from column (e)	for lines:	15 20		16 21		27c	
d	Add: Line 27a lotal		and line	27b total		▶	27d	
9	Public support (line 27c total mi	nus line 27d	lotal)				27e	
f	Total support for section 509(a)	(2) test: Enter	amount on li	ne 23, column (e) ▶ 27 f		<u>; </u>	
9			•		nominator))		27g	%
<u>h</u>	Investment income percentag	e (line 18, c	olumn (e) (nu	merator) divide	d by line 27f (denoi	ninator)) 🕨	27h	%
28	Unusual Grants: For an organiz							
CAA	description of the nature of the						Of the gar	and bones

000	edule A (Form 990) 1999		P	age 4
	Private School Questionnaire (See instructions.)		-	-
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			·
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other]
	governing instrument, or in a resolution of its governing body?	29		L
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	٠. زا	هو ت	,*
	catalogues, and other written communications with the public dealing with student admissions, programs, and	1.7		
	schotarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			~ · . ;
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	1.2		
	the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	1		
		F	يداد	د ديس
		تنيني	بنے ت	· · · · · · · · · · · · · · · · · · ·
		1, 13	T	
		1:		
32	Does the organization maintain the following:		- ; .	
. a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
, b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?	32c		
d	Copies of all malerial used by the organization or on its behalf to solicit contributions?	32d		
		47.0	. ·	.1 ~
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	. 50	. " "	
		<u></u>	. Z _	ر ج <u>-</u>
		127		·
33	Does the organization discriminate by race in any way with respect to:	12: 35	·	
		Z:	* ·	
a	Students' rights or privileges?	33a		
þ	Admissions policies?	33b		}
c	Employment of faculty or administrative staff?	33c		
· q	Scholarships or other financial assistance?,	33d		
		1		
e	Educational policies?	33e		
	•			
f	Use of facilities?	33f		
			- 1	
g	Athletic programs?	33g		
		1		
h	Other extracurricular activities?	33h		
		,	1 2	· ,†
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		• .	
		:	: . 	
			·	
		1	- 1	_
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		L.
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			١ ١
		<u>L</u>	,	{ <u>ب</u>
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			-
	Rev. Proc. 75–50, 1975–2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	1	
	9 990A34 NTF 25468 GLD 3275 Schedule	A (F	900	1999

BUR-PEC-072903

Schedule A (Form 990) 19	999							Page	5
	ing Expenditures b				tions.)				_
	completed ONLY by an	· · · · · · · · · · · · · · · · · · ·	filed Form 5768)						_
luncal luncal	if the organization belongs		, ,						
Check here ▶ b	f you checked "a" above	and "ilmited course, bro	visions apply.	T		2)		(b)	
	Limits on Lobbyin	· ·			Affiliate		р	To be completed for ALL electing	
	erm "expenditures" means							organizations	
36 Total lobbying expend	•			36					
37 Total lobbying expend	-			37					
38 Total lobbying expend	•	- -		38					—
39 Other exempt purpos	•			40	- 4 - 1				_
40 Total exempt purpose41 Lobbying nontaxable	•	•		40	+,-	.,	<u>.</u>		- i
If the amount on line		e lobbying nontaxable		- 5		·			. •
			_		1. 1. 2. 2		<u> </u>	The second secon	-1
	l over \$1,000,000 \$10		•						ال.
Over \$1,000,000 but i		5,000 plus 10% of the excess	·	41					~
Over \$1,500,000 but r		5 000 plus 5% of the excess	1						_;
Over \$17,000,000		.000.000		:					:
42 Grassroots nontaxable	amount (enter 25% of lin	18 41)		42					_
43 Subtract line 42 from	line 36, Enter -0- if line 42	is more than line 36		43					_
44 Subtract line 41 from	line 38. Enter -0- if line 41	l is more than line 38		44	_				_
		٠		i, ~	注: [字.]	7-,	رَست.	"连续"。""是是]
Caution: If there is an	amount on either line 43	or line 44, you must file	Form 4720.			<u> </u>	; *		
	4-Year	Averaging Period	Under Sectio	n 501	(h)				
(Some	organizations that made a See t	section 501(h) election he instructions for lines		mplete	all of the fi	ve colu	ımns	below.	
		Lobbying Expend	ditures During 4-	Year A	veraging P	eriod		·	
Calendar year (or fiscal	(a)	(b)	(c)	T		d)		(e)	_
year beginning in) ▶	1999	1998	1997	1	•	96		Total	
45 Lobbying						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
nontaxable amount									_
46 Lobbying ceiling amount (150% of line 45(e))				. بعر و م ^{حر} . چار ر	er paragraphical de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co				
47 Total lobbying									
expenditures									
48 Grassroots									Ξ.
nontaxable amount									_
49 Grassroots ceiling amount (150% of line 48(e))		and the same of the same		د مود در د مود در		- 			
50 Grassroots lobbying			•						_
expenditures								<u>.</u>	
Lobby	ing Activity by Non	electing Public Ch	arities						_
(For rep	orting only by organization	ns that did not complete	Part VI-A) (See it	nstructi	ons.)	,		<u> </u>	_
During the year, did the or attempt to influence public	•		_	tuding	алу	Yes	No	Amount	
a Volunteers				, .			X		Ī
b Paid staff or manage	ement (Include compensa	tion in expenses reporte	d on lines c throu	gh h.).			X		ا
c Media advertisément	its						X		
d Mailings to member	s, legislators, or the public						X		_
 Publications, or pub 	lished or broadcast staten	nenls		. .	,,		X		_
f Grants to other orga	inizations for lobbying pur	poses		. .			X		_
	egislators, their staffs, gove	•	-				X		
	ons, seminars, convention		•				X		
i Total lobbying expe	nditures (add lines c lhrou	igh h)					: . !	0	÷
Il "Yes" to any of the	above, also attach a stak	ement giving a detailed o	description of the	lobbyin	g activities.				_
CAA 9 990A56	NTF 25469 GLD 3276					900 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Sche	dule A (Form 990) 199	9

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		A (Form 990) 1999			Deleteration by the Deleteration	Page 6
<u></u>	** ŧ	Information R Exempt Organ			ons and Relationships With None	charitable
51					ng with any other organization described in	section 501(c) of
_				nizations) or in section 527, relating		I
a			•	a noncharitable exempt organizati	on or	Yes No
						a(ii) X
b	. ,	er transactions:		,		
	(i)	Sales or exchanges of	assets with a no	nchantable exempt organization.		b(i) X
	(ii)					b(ii) X
	(iii)					b(iii) X
	(iv)					b(iv) X
						b(v) X b(vi) X
c	٠,			•	***************************************	
	If the	answer to any of the at	bove is "Yes," co	emplete the following schedule. Co	olumn (b) should always show the fair mark	el value of the
				reporting organization. If the organization in the organization in the years of the goods, other assi	anization received less than lair market valuets, or services received;	ie in any transaction
	a) e no	(b) Amount involved	Name of no	(c) ncharitable exempt organization	(d) Description of transfers, transactions. & s	haring arrangements
		7,77,007,77,70,700	1121110	To the state of th		
				•		
		,				·
			!			
·			L			
52a				ed with, or related to, one or more n 501(c)(3)) or in section 527?	e tax-exempt organizations described in	Yes No
<u>b</u>	If "Ye	es," complete the follows	ng schedule:	r		· · · · · · · · · · · · · · · · · · ·
		(a) Name of organization	on	(b) Type of organization	(c) Description of relationsl	np
						•
CAA	9	990A58 NTF 25470	GLD 3276		Schodul	e A (Form 990) 1999
Соруг	ight f	999 Greatland/Neico LP - Foi	rms Software Only		CHEBU	į, v. m. 550 į 1555

AL HARAMAIN ISLAMIC FOUNDATION INC. 1999 93-1231083

CONTRIBUTORS

143,110

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AL HARAMAIN ISLAMIC FOUNDATION INC Federal Depreciation Report Tax year 01/01/99 - 12/31/99

Page 1 93~1231063

Asset	Purchase		Depr	MAC		-	E	epreciation ·		Remaining
#	Date	Description	Life Meth	Con Misc	Cost	Basis	Prior	Current	Total	Basis

1	06/19/99	ASHLAND BUILDING IMPROVEMENTS	39.0 M-Reg	MM	18,440	18,440	0	256	256	18,184
2	10/07/99	EDUCATIONAL FILM	7.0 M-Reg	MQ	16,661	16,661	o	595	595	16,066
3	12/31/98	ASHLAND BUILDING	39.0 M-Reg	MM	185,000	135,000	Q.	3,461	3,461	181,539
Tota	l for all	assets			220,101	170,101	0	4,312	4,312	215,789
					*********	*****	***	******	*****	****

Total number of assets = 3

Current year Section 179 assets

 Asset
 Purchase
 Federal

 #
 Date
 Description
 Cost
 Section 179

No Section 179 taken this year.

Description of codes in Misc column:

F=Farm prop L=Listed prop A=Luxury auto E=Sect 179 O=Override R=Indian reser prop C=ITC basis reduction S=Sold T=Traded D=Disposed I=Installment P=Prior short yr

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Al Haramain Islamic Foundation 1999

	Total	Program	Mgt & genl	Fundraising
Advertisement	8,296.72	8,296.72		
Automobile Expense	505.76		505.76	
Bank Service Charges	288.45		288.45	
Dues and Subscriptions	35.00		35.00	
Educational	5,301.59	5,301.59		
Equipment Rental	740.63	740.63		
Fuel ·	783.05		783.05	
Insurance	264.00		264.00	
Licenses and Permits	536.97	536.97		
Loan	-			•
Material	1,092.00	1,092.00		
Medical	794.60		794.60	
Miscellaneous	593.00		593.00	
Office Supplies	8,346.01	4,123.01	4,123.01	100.00
Penalty	175.00		175.00	
Permits	77.00	38.50	38.50	
Repairs	18,567.71		18,567.71	
Services	2,897.79	1,448.90	1,448.90	
Sub Contractor	4,802.34		4,802.34	
Taxes	1,324.79	662.40	662.39	
Utilities	1,638.17		1,638.17	
Totals	57,060.58	22,240.71	34,719.87	100.00

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